



Home and Community- Based Services Section

SFY 2021 Annual Report



December 2021

The Wyoming Department of Health, Home and Community-Based Services Section (Section) is pleased to share this annual report on the Comprehensive, Supports, and Community Choices Waivers for State Fiscal Year (SFY) 2021. This report features a review of the efforts that the Section has undertaken in the past year. We encourage people who receive services, family members, agency partners, legislators, and other members of the community to take a moment to read our annual report.

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SECTION PURPOSE

The purpose of the Home and Community-Based Services (HCBS) Section is to provide community-based options to Wyoming citizens who are aging or have disabilities in order to live independent, meaningful, and dignified lives through access to person-centered, cost-effective services.

WYOMING DEPARTMENT OF HEALTH AND DIVISION STRUCTURE

The Wyoming Department of Health is the Medicaid state agency that has the authority to administer the home and community-based waivers. The Section is housed under the Division of Healthcare Financing (Division), a division of the Department.

Figure 1
Wyoming Department of Health Simple Organizational Chart

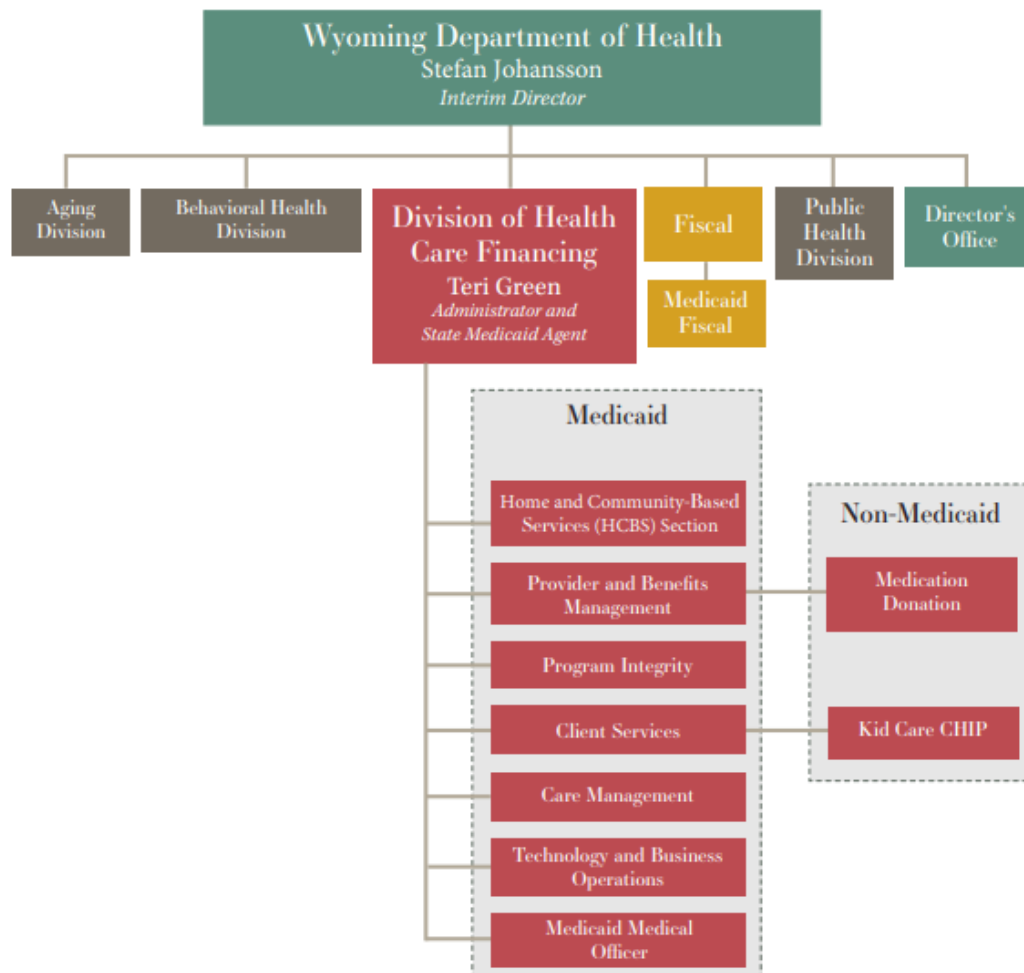
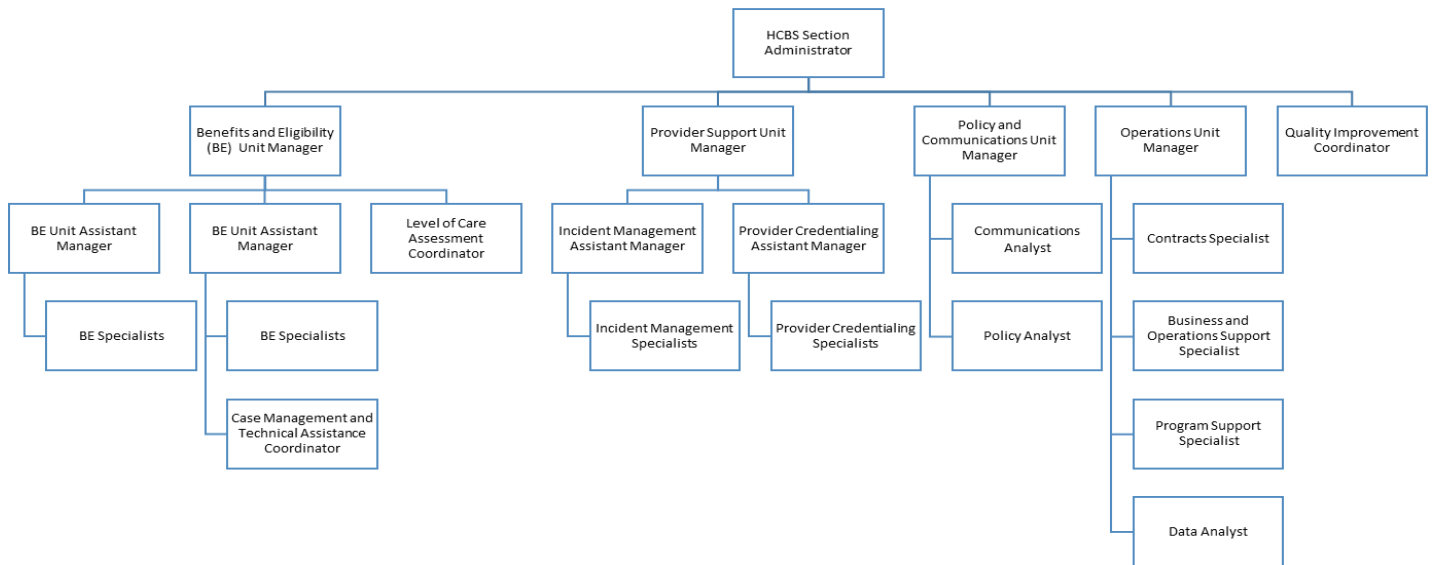


Figure 2
HCBS Section Organizational Chart



SECTION AT A GLANCE

The Section is responsible for planning, coordinating, administering, monitoring, and evaluating state and federally funded HCBS for people who are aged 65 or older, who have been diagnosed with a disability as determined by the Social Security Administration, who have an intellectual or developmental disabilities (IDD), or who have an acquired brain injury (ABI). The Section administers the Community Choices Waiver (CCW), and the Comprehensive and Supports Waiver (DD Waiver) programs, offers technical assistance and training, assures program monitoring and standards compliance, and implements continuous quality improvement strategies.

Benefits and Eligibility Unit

The Benefits and Eligibility Unit is comprised of twelve (12) full time employees who are responsible for assuring that DD Waiver and CCW participants have current and complete plans of care and that participant budgets are funded according to Section policy. This Unit is also responsible for determining initial and continuing eligibility for waiver services, providing technical assistance to case managers when developing plans of care, and facilitating access to HCBS for waiver participants in emergency situations.

Operations Unit

The Operations Unit is comprised of five (5) full time employees who are responsible for providing business and operational support to the Section. This Unit is responsible for providing input, management, and oversight of all contracts, procurements, and contractual activities that support the Section, processing internal and external data requests, HCBS systems management, and administrative and program support. The Unit also provides an initial point of contact for Wyoming Integrated Next Generation System (WINGS) and Division procurements, implementations, and integrations to identify any potential impacts to HCBS programs and systems.

Policy and Communications Unit

The Policy and Communications (PAC) Unit is comprised of three (3) full time employees who are responsible for assuring that federal and Wyoming governing authorities align with Division and Section rule, policies, and practices. In addition to drafting waiver amendments and renewals, rules, and processes, the PAC unit is responsible for sending communications to external stakeholders, maintaining the Section website and document library, and developing provider and case manager trainings.

Provider Support Unit

The Provider Support Unit is comprised of twelve (12) full time employees who are responsible for assuring that providers of waiver services comply with Medicaid Rules. This Unit is divided into two distinct teams. The Provider Credentialing Team is responsible for enrolling and certifying providers, conducting on-site visits related to provider certification, and ensuring that providers continue to follow federal requirements related to HCBS settings. The Incident Management Team is responsible for reviewing and responding to complaints, reviewing and investigating incidents, and determining and reporting an analysis of root causes related to critical incidents.

HOME AND COMMUNITY-BASED WAIVERS

The CCW and DD Waivers are offered through the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Waiver Program under Section 1915(c) of the Social Security Act. Under the Act, states can develop HCBS to meet the needs of people who prefer to receive long-term care services and supports in their homes and communities as opposed to an institutional setting. According to Medicaid.gov, there are over 300 active HCBS waiver programs nationwide.

In order for Wyoming to offer services through the CCW and DD Waivers, Wyoming must demonstrate the following:

- The cost of providing waiver services does not exceed the cost of providing services in an institution;
- Participant health and welfare is protected;
- Adequate and reasonable provider standards to meet the needs of participants are implemented, and;
- Services follow an individualized and person-centered plan of care.

The CCW and DD Waivers represent Wyoming's commitment to funding services so that eligible participants can actively participate in the community, be competitively employed, and live as independently as possible according to their own choices and preferences. The CCW and DD Waivers require a person-centered approach to determining the needs of participants, which are specifically outlined in the participant's plan of care

Services funded through the CCW and DD Waivers:

- Support participants to develop and change their plan of care;
- Provide resources and training to assist participants, families, and providers in learning the service system; and
- Offer participants the opportunity to hire, terminate, and train their own staff through the participant-directed service delivery option.

The CCW supports participants who are aged 65 or older or who have been diagnosed with a disability as determined by the Social Security Administration. Participants on the CCW do not have an individual cost limit for their waiver services; instead, their budget is based on their needs, as determined through a series of participant assessments.

The DD Waivers support participants with IDD from birth through the lifespan, and eligible participants with an ABI who are aged 21 and older. On the Supports Waiver, participants have a capitated budget amount that they use to purchase services. The Comprehensive Waiver offers expanded supports, such as 24-hour services. Each participant on the Comprehensive Waiver receives an individual budget amount (IBA) based on their assessed level of need.

PEOPLE SERVED

Before qualifying for CCW or DD Waiver services, an individual must meet specific residency, financial, and level of care eligibility criteria. Individuals must also meet the criteria for institutional level of care.

- Individuals with IDD – level of care criteria for an intermediate care facility for individuals with IDD.
- Individuals with an ABI – level of care criteria for a nursing facility.
- Individuals over the age of 65, or a disability as determined by the Social Security Administration – level of care criteria for a nursing facility.

Demographics

The follow charts outline the demographics of CCW and DD Waiver participants as of June 30, 2021.

Chart 1
CCW and DD Waiver Participant Age

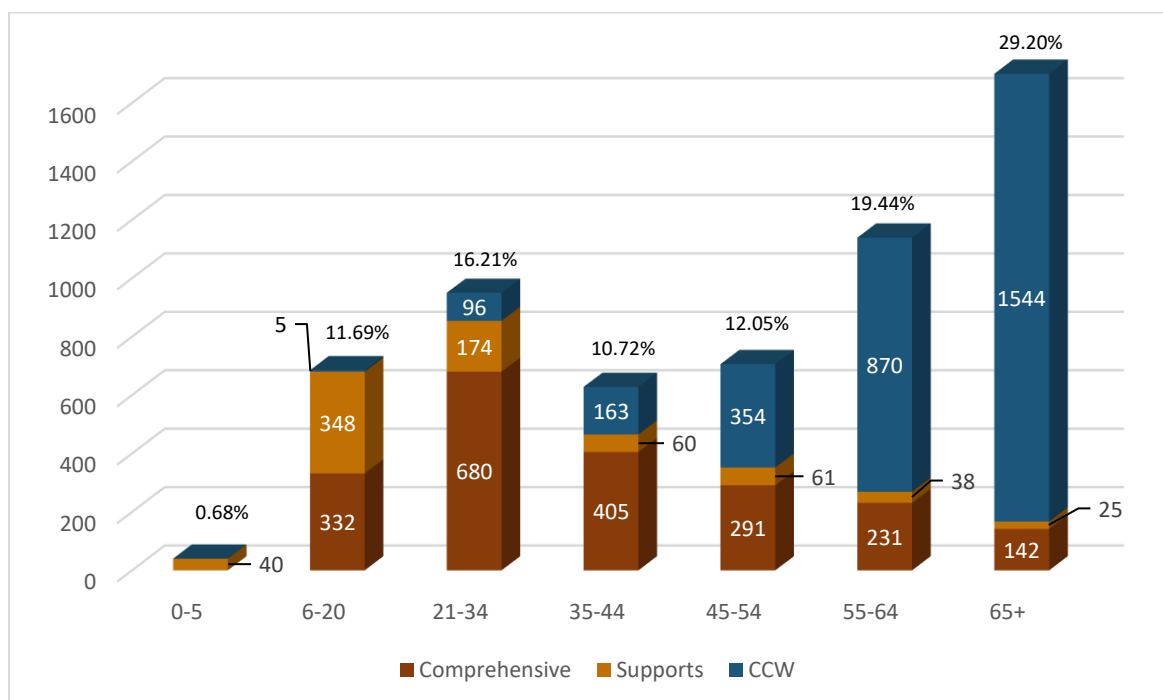


Chart 2
CCW and DD Waiver Participant Gender

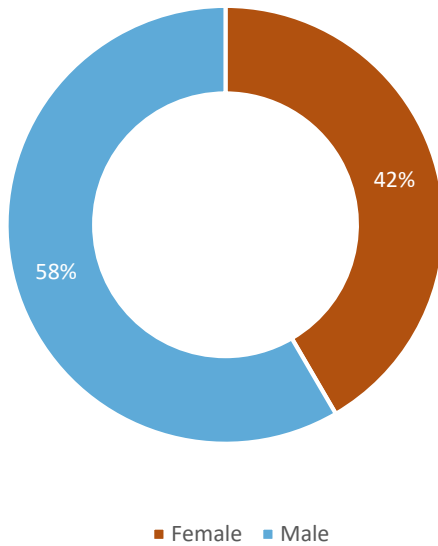
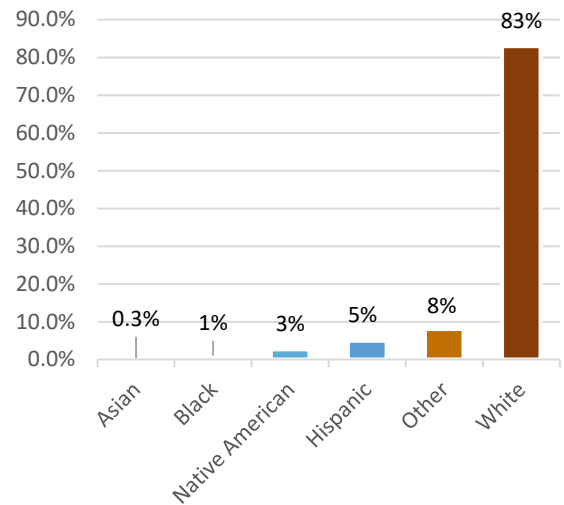


Chart 3
CCW and DD Waiver Participant Race



Waiver Participation

The number of participants served on the CCW and DD Waivers has, on average, increased over the last five years. In SFY2021, 2,504 unduplicated participants received DD Waiver services and 2,892 unduplicated participants received CCW services.

Chart 4
Participants Served on CCW and DD Waivers
SFY2021

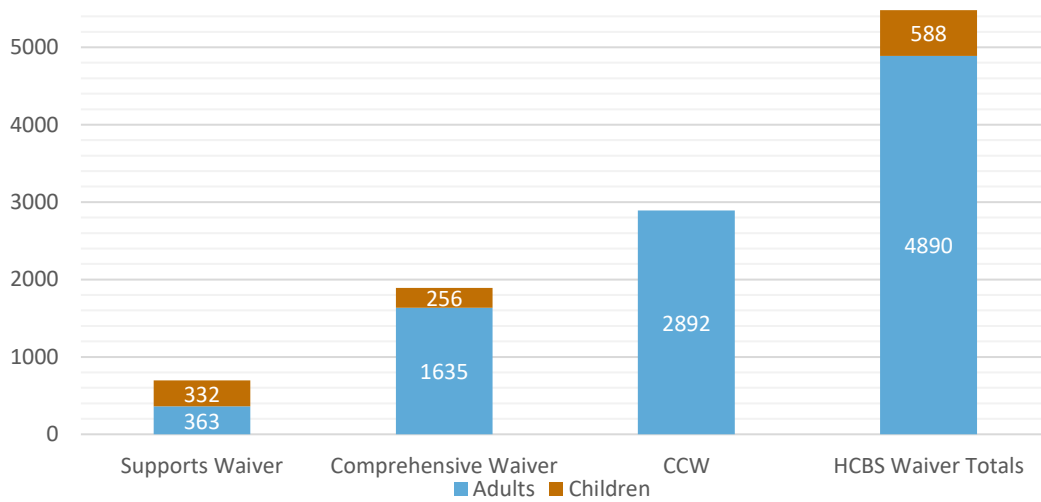
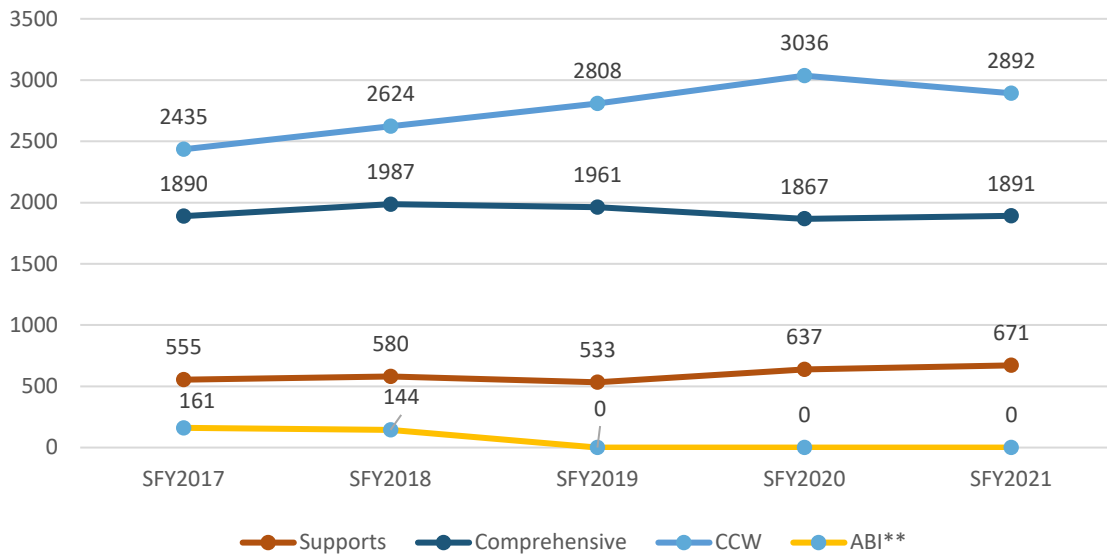


Chart 5
Unduplicated Participants Served on CCW and DD Waivers
SFYs 2017 – 2021



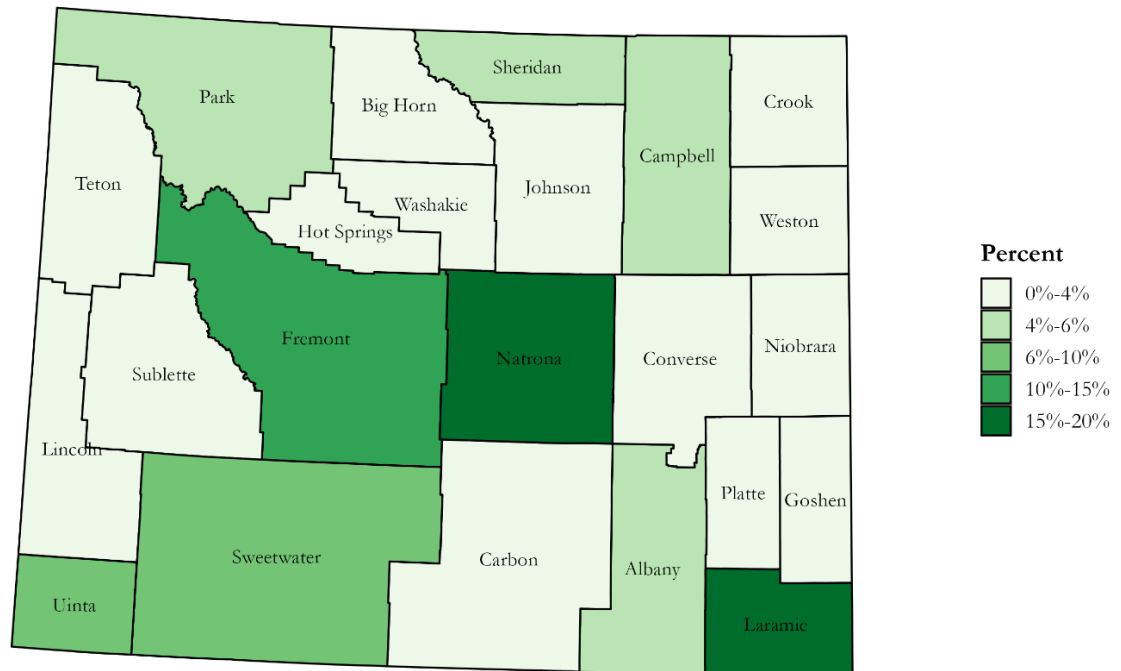
** The ABI Waiver was discontinued on April 1, 2018

Participants resided and received services in all 23 Wyoming counties. Many areas of Wyoming are considered to be rural or frontier, which can make service providers more difficult to find. Additionally, Wyoming's aging population has increased the use of CCW services, and the need for these services will most likely continue to increase. Participant-directed services are an option on the CCW and DD Waivers, and allow participants or their legally authorized representatives to act as the employer of record so they can recruit and hire their own employees.

Table 1
Number of Participants Served on CCW and DD Waivers by County
SFY2021

County	Number of Participants			County	Number of Participants		
	CCW	DD	Total		CCW	DD	Total
Albany	134	151	285	Natrona	473	448	921
Big Horn	55	37	92	Niobrara	Fewer than 5		
Campbell	158	127	285	Park	114	122	236
Carbon	23	10	33	Platte	18	16	34
Converse	29	41	70	Sheridan	80	186	266
Crook	16	11	27	Sublette	6	14	20
Fremont	332	192	524	Sweetwater	122	179	301
Goshen	34	52	86	Teton	7	48	55
Hot Springs	73	36	109	Uinta	170	140	310
Johnson	20	16	36	Washakie	38	37	75
Laramie	433	508	941	Weston	22	18	40
Lincoln	31	86	117				

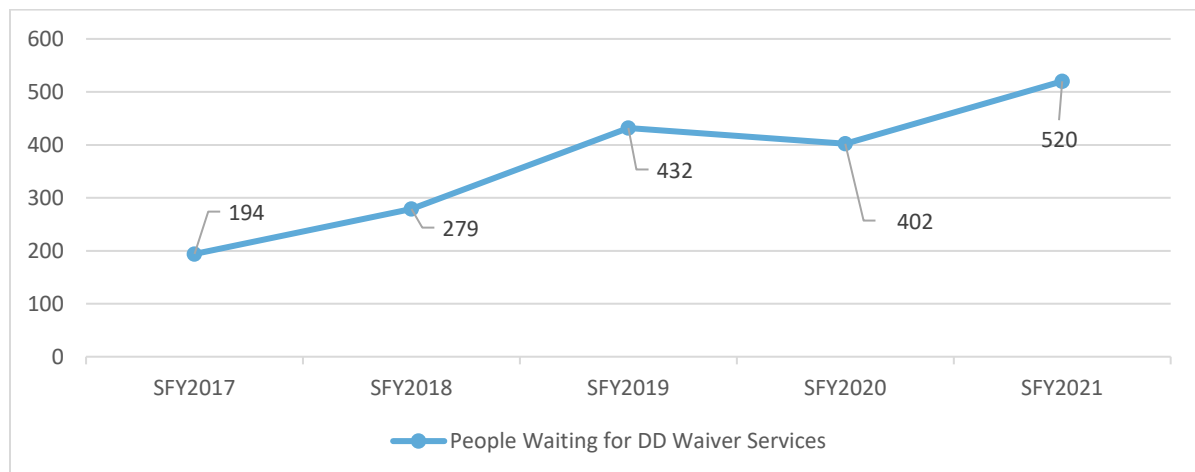
Figure 3
Percentage of Participants Served on the CCW and DD Waivers by County
SFY2021



Waiting for Services

Once an individual is determined eligible for DD Waiver services, they are placed on a waiting list until a funding opportunity becomes available. People are funded off of the waiting list on a first come, first served basis. As of June 30, 2021, there were 520 individuals waiting to receive DD Waiver services. A waiting list is not maintained for CCW services, meaning that as of this date, eligible individuals receive immediate funding for services.

Chart 6
Number of Individuals Waiting for DD Waiver Services
SFYs 2017 – 2021



BUDGETS AND EXPENDITURES

Funding for the CCW and DD Waivers is appropriated by the Wyoming Legislature. The current rate methodologies are explained in the respective waiver applications. Pursuant to Wyoming Statute 42-4-120(g), the State must rebase provider service rates for the DD Waiver programs every two to four years. In SFY2021, the Section was actively involved in the rebasing of provider rates for all three waiver programs.

Waiver participants receive funding for specific waiver services, as well as Medicaid State Plan benefits such as physician, hospital, and prescription drug services. Information on expenditures related to waiver services and Medicaid benefits can be found in the following graphic.

Chart 7
Legislative Appropriations
Biennial Fiscal Years 2017/18, 2019/20 and 2021/22

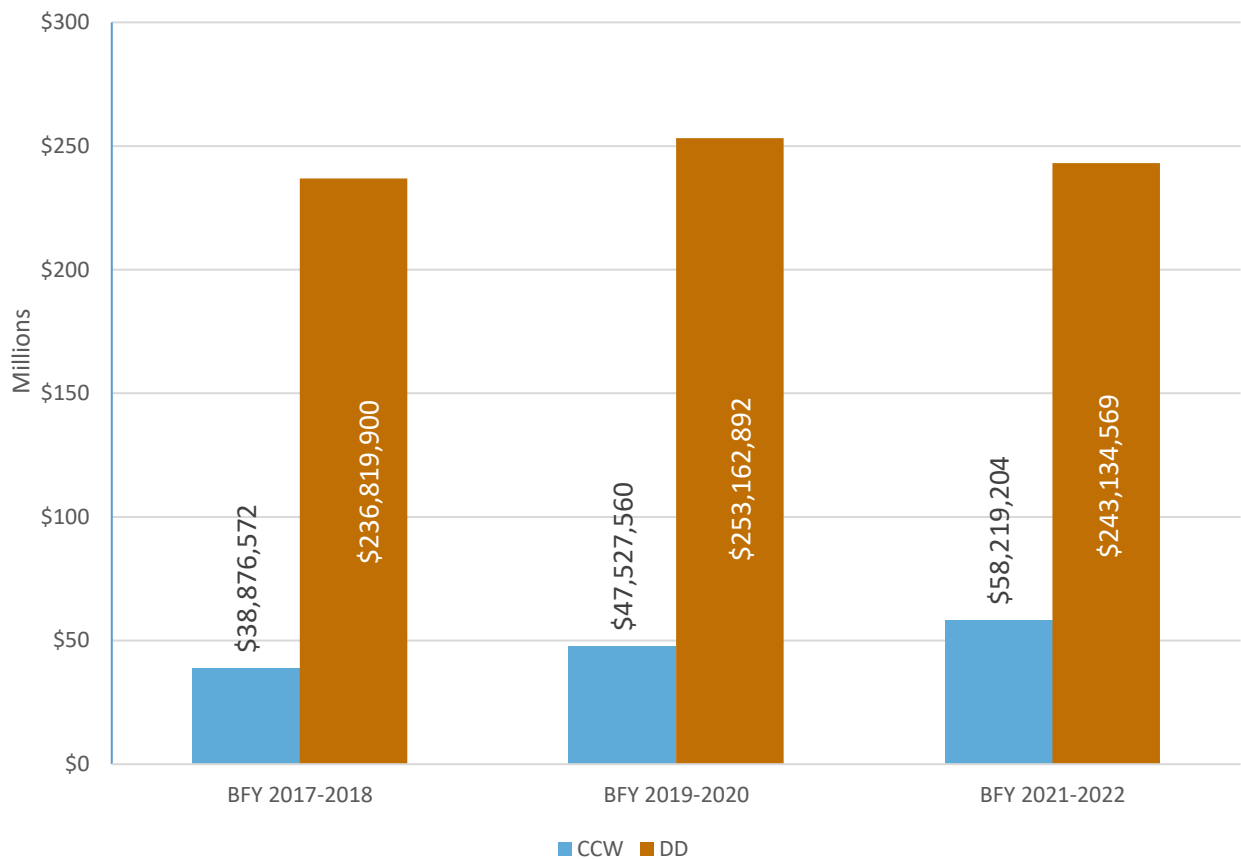


Table 2
CCW and DD Waiver Expenditures
SFYs 2017 – 2021

Waiver Expenditures	SFY2017	SFY2018	SFY2019	SFY2020	SFY2021*
ABI	\$6,960,882	\$4,948,202	\$4,948,202	\$15,008	\$0
CCW	\$20,597,605	\$26,930,997	\$28,957,689	\$29,661,574	\$33,079,674
Comprehensive	\$88,517,064	\$94,568,471	\$94,568,471	\$113,532,461	\$114,499,001
Supports	\$4,378,255	\$5,795,651	\$5,795,651	\$6,882,850	\$8,285,270
Grand Total	\$120,453,806	\$132,243,321	\$148,078,894	\$150,076,885	\$155,863,945
Non-Waiver Expenditures	SFY2017	SFY2018	SFY2019	SFY2020	SFY2021*
ABI	\$714,600	\$347,375	\$5,160	\$0	\$0
CCW	\$10,411,275	\$9,166,911	\$7,631,127	\$8,594,510	\$13,474,149
Comprehensive	\$13,921,993	\$9,376,098	\$6,567,542	\$6,483,800	\$11,211,380
Supports	\$2,458,285	\$2,411,717	\$1,945,044	\$1,981,104	\$3,807,538
Grand Total	\$27,506,153	\$21,302,101	\$16,148,873	\$17,059,414	\$28,493,067
Total Expenditures	SFY2017	SFY2018	SFY2019	SFY2020	SFY2021*
ABI	\$7,675,482	\$5,295,577	\$20,168	\$0	\$0
CCW	\$30,998,469	\$36,097,908	\$36,588,816	\$38,256,084	\$46,553,823
Comprehensive	\$102,439,057	\$103,944,569	\$119,241,045	\$120,016,261	\$125,710,381
Supports	\$6,836,540	\$8,207,368	\$8,377,738	\$8,863,954	\$12,092,808
Grand Total	\$147,949,548	\$153,545,422	\$164,227,767	\$167,136,299	\$184,357,012

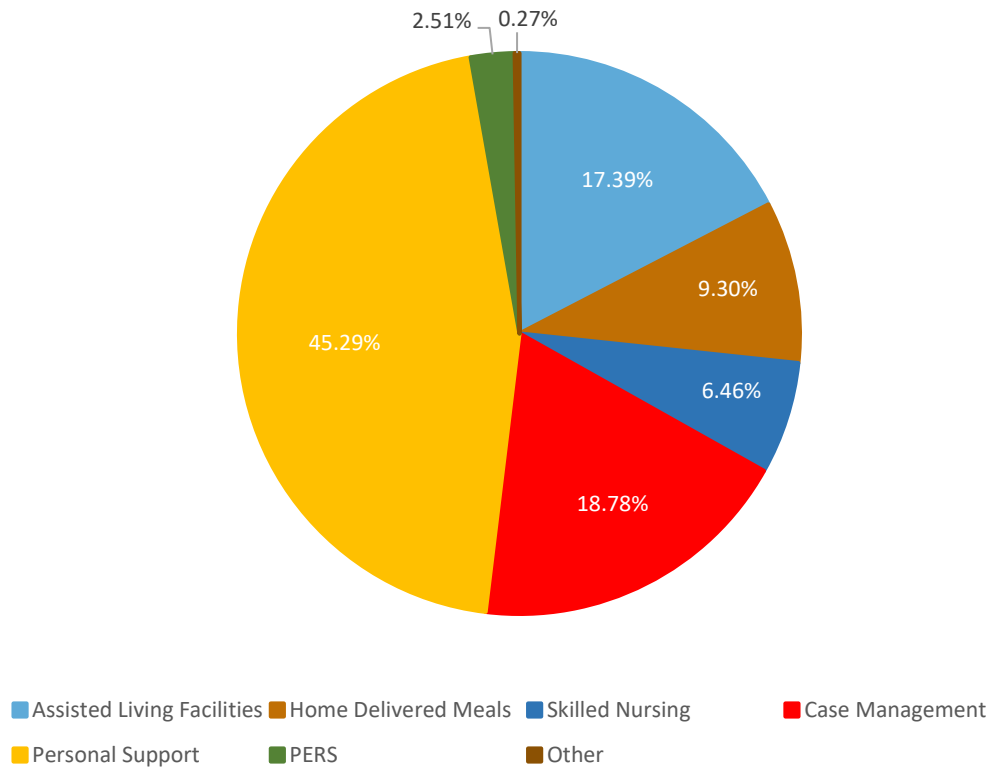
* Providers have one year from the date of service to submit a claim for payment. These numbers are anticipated to increase as providers submit claims over the next year.

CCW SERVICES

The CCW offers services that complement or supplement the services that are available through the Medicaid State Plan and other federal, state, and local public programs, as well as the supports that families and communities provide to participants. All services have specific definitions and limitations. The CCW Service Index is available on the [Section website](#).

In SFY2021, participants of the CCW were required to receive case management and one additional service. A participant-directed service delivery option was available for personal support services, but all other services were required to be delivered through an agency, most of which required additional licensing through a state licensing board or the Wyoming Department of Health, Division of Aging.

Chart 8
CCW Waiver Services Utilization
SFY2021



Case Management	
Number of Participants	2,851
Total Expenditures	\$6,208,388
Average Cost per Participant	\$2,178
Number of Providers	50



Assisted Living	
Number of Participants	370
Total Expenditures	\$5,747,748
Average Cost per Participant	\$15,534
Number of Providers	23



Personal Support Services	
Number of Participants	1,855
Total Expenditures	\$14,972,623
Average Cost per Participant	\$8,071
Number of Providers	29



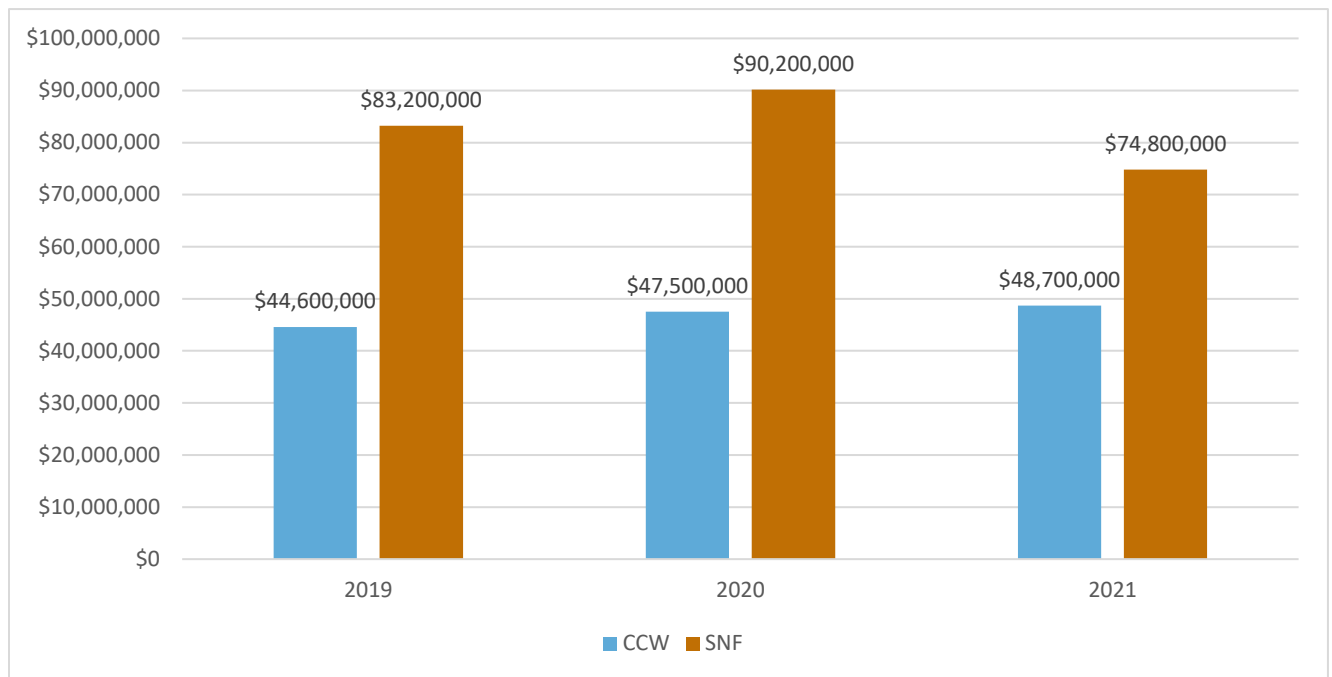
Home Delivered Meals	
Number of Participants	1,940
Total Expenditures	\$3,073,503
Average Cost per Participant	\$1,584
Number of Providers	33

On average, the CCW program costs 121% less per participant than skilled nursing facility (SNF) services. This savings is demonstrated in Charts 9 and 10.

Chart 9
CCW/SNF Annual Participant Cost Comparison
SFY2019 - 2021



Chart 10
CCW/SNF Annual Program Cost Comparison
SFY2019 - 2021



DD WAIVER SERVICES

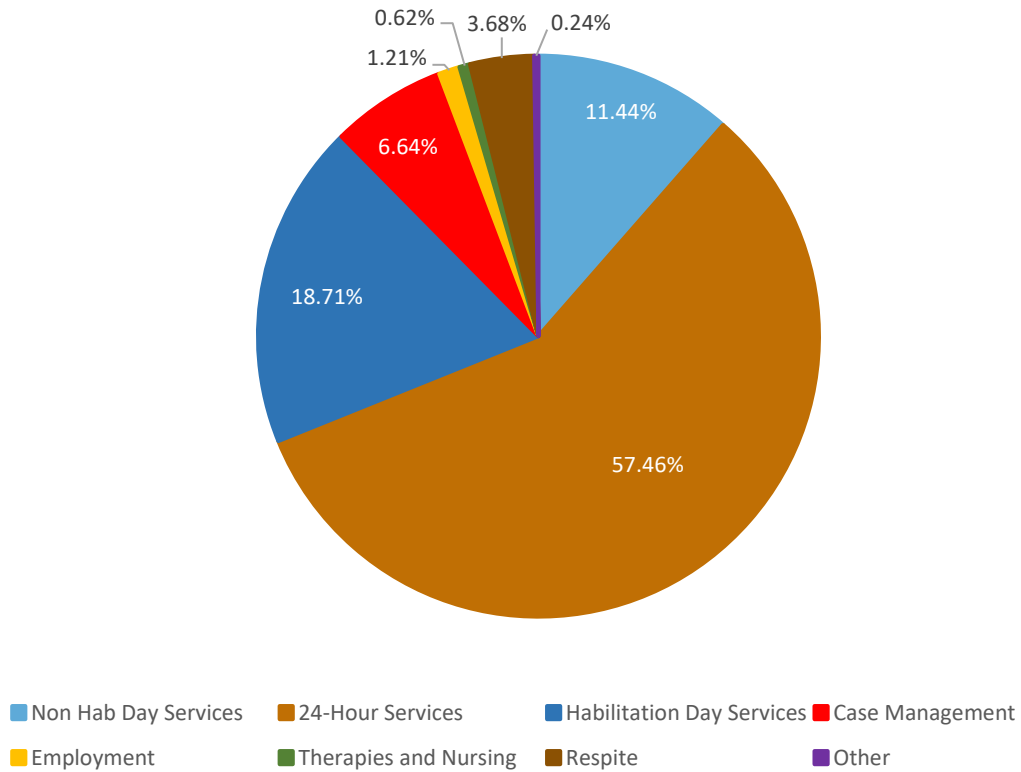
The DD Waivers offer a variety of services from which a participant can choose. All services have specific definitions and limitations. The Comprehensive and Supports Waiver Index is available on the [Section website](#).

In SFY2021, case management was a required service for all people who received waiver funding. The Supports Waiver only offered community living basic tier services, but all tier levels of community living services were available on the Comprehensive Waiver.

Habilitation services are services that require the participant to establish and work toward a goal, and include specific education and skill development to help the participant reach that goal. In SFY2021, these services included community support services, child habilitation, and individual habilitation training. There are also services available that do not require a participant to establish and work toward a specific goal; however, the participant and provider work together to develop a plan that establishes what the participant wants from that service so the service can be delivered in a way that supports the participant's wants, needs, and preferences. In SFY2021, these services included adult day and companion services.

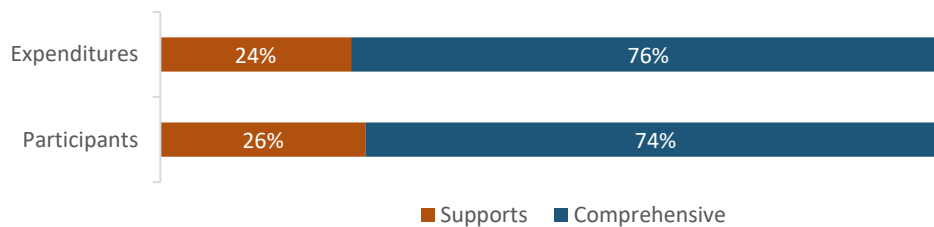
Employment services offer a variety of supports for people to find and maintain self-employment or a job in a competitive, integrated work setting for which a person is paid at least minimum wage. In SFY2021, individual and group supported employment services were available. Follow along services were also available, and allowed the provider to follow up with an employer on behalf of a participant if the participant was not present.

Chart 11
DD Waiver Services Utilization
SFY2021



Case Management Services

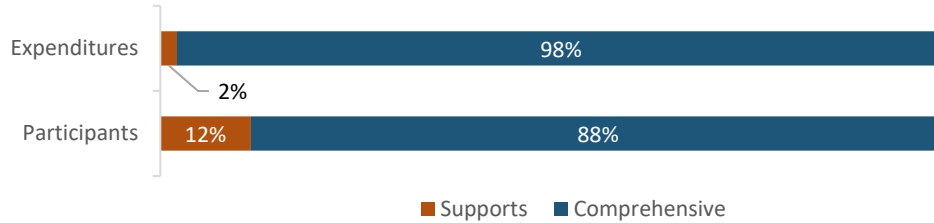
Number of Participants	2,558
Total Expenditures	\$8,119,940
Average Cost per Participant	\$3,174
Number of Providers	108





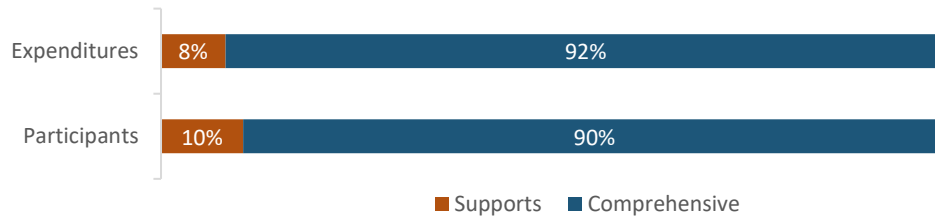
Residential Services

Number of Participants	1490
Total Expenditures	\$70,294,957
Average Cost per Participant	\$47,178
Number of Providers	410



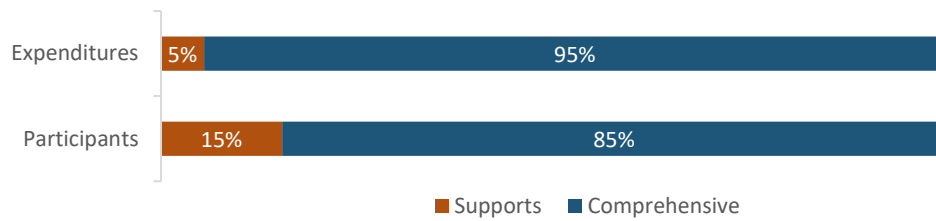
Employment Services

Number of Participants	229
Total Expenditures	\$1,481,051
Average Cost per Participant	\$6,467
Number of Providers	39



Day Services

Number of Participants	1,497
Total Expenditures	\$22,882,626
Average Cost per Participant	\$15.286
Number of Providers	200



SERVICE CAPACITY

In SFY2021, the Section certified over 120 CCW providers and case managers statewide in order to ensure that waiver participants had access to quality services and supports in their communities. As displayed in Table 3, the number of certified providers has steadily increased over the last three fiscal years.

Table 3
CCW Provider and Case Manager Count
SFYs 2019 - 2021

Year	All Waiver Providers	Case Managers
2019	115	42
2020	123	44
2021	128	50

In SFY2021, the Section certified over 600 DD Waiver providers and case managers statewide. As displayed in Table 4, the number of certified providers certified by the Section has decreased over the last two fiscal years.

Table 4
DD Waiver Provider and Case Manager Count
SFYs 2015 - 2021

Year	All Waiver Providers	Case Managers
2015	558	84
2016	539	79
2017	644	104
2018	679	103
2019	681	105
2020	674	117
2021	606	108

The Section continues to monitor the number of providers certified to deliver waiver services, as well as potential provider shortages within the CCW and DD Waiver system.

HCBS SECTION MERGER

On November 1, 2020 the Developmental Disabilities Section and Community-Based Services Unit within the Division of Healthcare Financing merged into the HCBS Section. This merger was the result of many months of discussions within the Department of Health to address administrative efficiencies and align HCBS standards.

The HCBS Section is responsible for administering the CCW and DD Waiver programs, and responding to all stakeholders in a professional and timely fashion. The goal is to ensure that stakeholders of the CCW and DD Waiver programs receive responsive, high quality customer service and technical assistance.

In an effort to be transparent and provide ongoing guidance about current standards and upcoming changes, the Section conducted the following activities:

- Moved all stakeholder communications to a GovDelivery format, which allowed the Section to communicate with all stakeholders in a consistent manner.
- Updated the Section website and document library to ensure all relevant information was available to stakeholders.
- Implemented separate bi-monthly support calls for each program's case managers and service providers. These calls include a training component that addresses ongoing areas of concern that were identified by the Section.
- Reviewed administrative functions and reorganized Section personnel to improve efficiency and effectiveness of Division resources.

Section personnel continue to work with providers and case managers to apply rules, regulations, and program standards in a consistent manner. Overall, the merger has been successful and has had the intended positive impact on HCBS program administration. The Section will continue to work collaboratively with stakeholders to enhance and improve upon the strong HCBS system in Wyoming.

AMERICAN RESCUE PLAN ACT (ARPA), SECTION 9817

The [American Rescue Plan Act of 2021](#) (ARPA) was signed into law by President Biden on March 11, 2021 and provides additional federal relief to address the continued impact of Coronavirus Disease 2019 (COVID-19) on the economy, public health, state and local governments, individuals, and businesses. It is intended, in part, to support states in enhancing services for individuals who are eligible for long-term care and HCBS, including participants of the Comprehensive, Supports, and CCW programs.

[Section 9817](#) of ARPA addresses additional support provided to HCBS. The law includes a provision to increase the Federal Medical Assistance Percentage (FMAP) for HCBS by 10% from April 1, 2021 through March 31, 2022. According to this Section, in order to be eligible to receive the increase, states must use the federal funds to supplement, and not supplant, the level of state funds expended for HCBS in effect as of April 1, 2021. Additionally, states must implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen CCW and DD Waiver programs.

In an effort to involve stakeholders of the DD Waiver and CCW programs, the Section held community engagement sessions in early April to seek feedback from participants, providers, case managers, and other stakeholders on how Wyoming could best utilize the temporary influx of federal funding that would be

available through Section 9817 of the ARPA. The community engagement sessions generated many ideas on how this additional funding might be spent, including:

- Increasing provider reimbursement rates;
- Expanding assistive technology and home modification services;
- Funding services to support individuals who are transitioning out of an institutional setting;
- Providing education and skill building for case managers and direct support professionals, including education on person-centered practices;
- Funding waitlists;
- Funding additional supported employment services; and
- Translating participant resource documents

On May 13, 2021, the Centers for Medicare and Medicaid Services (CMS) issued guidance in State Medicaid Director Letter [\(SMD\) #21-003](#) detailing further federal requirements that states must meet in order to access the enhanced federal funding. As a part of this guidance, states are required to submit an initial spending plan and narrative that details a proposed approach to leveraging this federal funding.

In accordance with the guidance received by CMS, the Section identified several projects to enhance, expand, or strengthen HCBS. On July 8, 2021, the Section submitted its initial spending plan and narrative, which outlined several activities that Wyoming intends to implement. These activities fall into one of five key categories:

- Expanded home and community-based services;
- Community transitions;
- Expanded provider workforce and capacity;
- Enhanced care coordination; and
- Structural planning, analysis, and accessibility.

The Section has received partial approval of its spending plan, and continues to work with CMS to receive full approval of the plan. The Section is actively working to prepare for and implement the activities outlined in the spending plan.

The Section has created a webpage (<https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>) that contains the initial spending plan, quarterly progress reports that are submitted to CMS, details on upcoming community engagement sessions, and recordings of community engagement sessions that have been held to date. Stakeholders are strongly encouraged to visit this page often to stay apprised of updates related to ARPA.

HCBS SECTION PROJECTS

In addition to the day to day tasks related to participant eligibility and plan of care quality, provider and case manager certification and rule compliance, and critical incident and complaint management, the Section has completed several projects in SFY2021.

Ongoing Coronavirus Disease 2019 (COVID-19) Response

The Section has continued to implement flexibilities to support providers and case managers in delivering services during the ongoing COVID19 public health emergency. Documents outlining the flexibilities can be found at <https://health.wyo.gov/healthcarefin/hcbs/covid-19-updates-for-dd-waiver-services/>.

The Section suspended monthly update calls, but continues to review and share relevant information as it becomes available.

Budget Reduction Implementation

On June 4, 2020, Governor Gordon published a press release instructing all state agencies to take action to reduce spending and prepare for deeper budget cuts in the coming months. This directive was in response to a significant decline in State of Wyoming revenue.

In accordance with the Governor's directive, the Wyoming Department of Health announced several proposed budget reductions, as approved by the Governor. Proposed budget reductions for the DD Waiver programs included:

- Elimination of services offered on the Medicaid State Plan, including skilled nursing, dietician, occupational therapy, physical therapy, and speech, language, and hearing services;
- Elimination of homemaker services;
- Elimination of respite services funded through the Medicaid State Plan;
- Stringent criteria for specialized equipment services;
- Changes to how the DD Waiver waitlist is managed;
- Elimination of ICAP assessment for Supports Waiver participants; and
- 2.5% decrease to provider rates and participant individual budget amounts.

Although these reductions were proposed, not all of the reductions were ultimately approved and implemented.

- No DD Waiver services were eliminated; however, respite services funded through the Medicaid State Plan were eliminated as of November 30, 2020. Additionally, specialized equipment criteria is now strictly enforced, and items that are of general use and not specific to a disability, and items of recreational or diversional use are not funded through this service.
- The Section implemented changes to how the waitlist was managed. Funding opportunities were made available on a one on, one off basis, meaning that as one funding opportunity became available, it was filled with one individual waiting for services. However, in June 2021 the Section reverted to the practice of offering waiver slots to the number of individuals that could be funded based on the dollars that were freed up when the vacancy occurred. This change was due to the announcement of additional funding through ARPA.
- The Section no longer requires participants of Supports Waiver services to undergo the ICAP assessment. This assessment is used for the purpose of determining Comprehensive Waiver individual budget amounts, so the assessment is not necessary for Supports Waiver participants.
- A 2.5% decrease to DD Waiver provider rates and participant individual budget amounts was implemented on February 1, 2021.

Although the Department of Health did not propose budget reductions for the CCW program, a 2.5% decrease was calculated into proposed rates that went into effect for CCW providers on July 1, 2021.

Community Choices Waiver Renewal

In order to operate a home and community-based waiver program, Wyoming must apply for and be granted approval by CMS. Waiver approval is granted for a maximum of five years; however, Wyoming may apply for CMS approval to renew the program for subsequent five-year periods. The Section submitted a renewal application for the CCW on January 20, 2021. The renewal was intended to update provider reimbursement

rates, more accurately reflect current practices, and more precisely describe the Section's methods for program implementation and compliance with the federal standards for HCBS waiver programs.

An invitation for public comment and notice of intent to renew the CCW program was published in the Casper Star Tribune on December 6, 2020 and posted to the Section's website on December 7, 2020. All stakeholders were invited to attend a public forum conference call held on December 16, 2020 and to submit comments online or by mail, email, or phone call through January 8, 2021. A summary of the public input and the Section's responses to those comments is available at <https://sites.google.com/wyo.gov/ccwpubliccomment>.

The application was approved, and went into effect on July 1, 2021.

DD Waiver and CCW Provider Reimbursement Rate Studies

The Section contracted with Guidehouse Consulting to conduct studies and update DD Waiver and CCW provider reimbursement rate methodologies. The objective of these rate studies was to develop rate methodologies that are transparent and data driven. The resulting rate models were intended to:

- Reflect reasonable and necessary provider costs;
- Be consistent with efficiency, economy, and quality of care;
- Be sufficient to enlist enough providers so that services under the waiver were available to participants at least to the extent that those services were available to the general population;
- Rely on credible sources, such as consumer price and producer indices and industry averages and financial ratios, to the maximum extent possible; and
- Minimize the provider reporting and survey burden.

Guidehouse gathered cost and wage data from national and state data sources, vendors of services, and directly from providers to develop an independent rate build-up methodology for each of the waiver services included in the rate studies. The CCW study was completed, and the resulting rates were considered when submitting maximum provider rates in the CCW renewal. The full [Community Choices Waiver SFY2022 Provider Rate Study Report](#) is available on the Section website.

The DD Waiver study was completed in SFY2022. The full [Comprehensive and Supports Waivers SFY 2023 Provider Rate Study Report](#) is also available on the Section website.

Quality Improvement

In accordance with the DD Waiver and CCW agreements, all waiver providers must report critical incidents, which are defined any incident of the abuse, neglect, exploitation, or unexpected death of a participant. Additionally, Chapter 45, Section 20 of Wyoming Medicaid Rules requires providers of DD services to report on additional incident categories.

During SFY2021, Section staff reviewed over 3,300 incidents. These incidents were reported to the Section through a variety of methods, including reports from provider and provider staff; concerns from the participant, parent, or legally authorized representative; referrals from other agencies; and reports from members of the public. Incidents were reviewed on a daily basis, and reportable incidents were triaged to allow for appropriate follow-up action, depending on provider and participant need. Table 5 offers insight into the types of reportable incidents the Section reviewed in SFY2021.

Table 5
Incident Report Types
SFY2021

Incident Type	CCW Incidents Reviewed	DD Incidents Reviewed	Percentage of Incidents Reviewed
Crime Committed by a Participant	4	26	0.54%
Death	155	30	3.35%
Elopement	1	95	1.74%
Intimidation	4	8	0.22%
Medical/Behavioral Admission	1,611	1,455	55.54%
Medication Error	4	1,211	20.38%
Other Injury	0	111	2.01%
Police Involvement	36	398	7.86%
Serious Injury	61	51	2.03%
Serious Mental Health Concern	6	0	0.11%
Suspected Abandonment	4	1	0.09%
Suspected Abuse	21	90	2.01%
Suspected Exploitation	19	29	0.87%
Suspected Neglect	15	43	1.05%
Suspected Self Abuse or Neglect	43	61	1.88%
Use of Restraint	0	17	0.31%
Total	1,984	3,536	100%

CONTACT US

For additional information regarding this report, or for information related to Comprehensive, Supports, or Community Choices Waiver services, please visit call (307) 777-7531 or visit the HCBS Section website at <https://health.wyo.gov/healthcarefin/hcbs/>.